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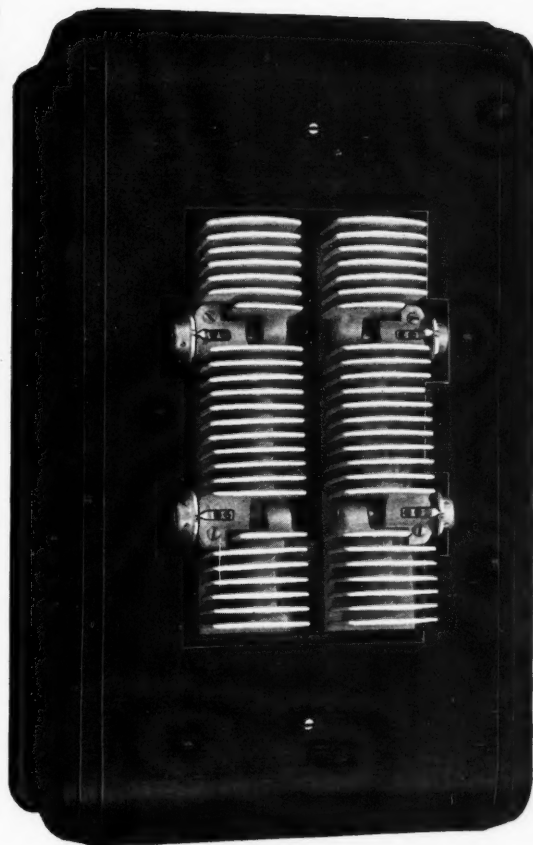
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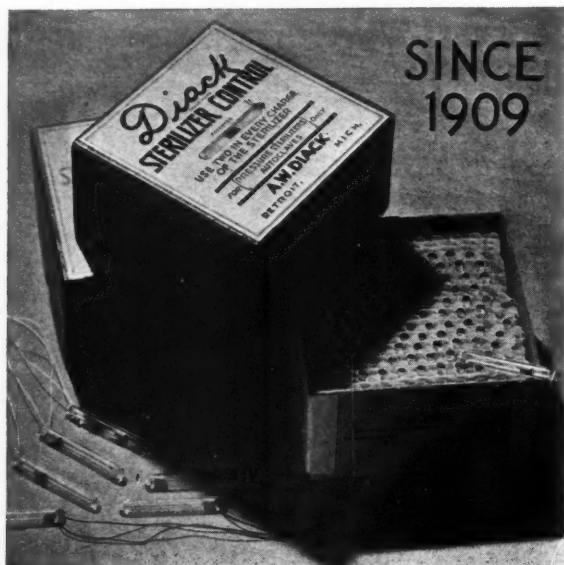
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"The Canadian Hospital"

Official Journal of the
Canadian Hospital Council

CONTENTS

Vol. 16 OCTOBER, 1939 No. 10

Presidential Address - - - - -	11
<i>Geo. F. Stephens, M.D.</i>	
Report of the Secretary to the Canadian Hos- pital Council - - - - -	15
Dr. Malcolm T. MacEachern Receives Coveted Award of Merit - - - - -	19
Successful Tercentenary Celebrations at Quebec	20
Obiter Dicta - - - - -	22
Hospital Progress in Peace and War Featured at 1939 Meeting of Canadian Hospital Council	24
Resolutions—Canadian Hospital Council - - -	25
Report of the Editor - - - - -	27
American Hospital Association Convention in Toronto an Outstanding Success - - - - -	28
Here and There in the Hospital Field - - - -	30
<i>By the Editor</i>	
Hospital Administration Course for Nurses in November - - - - -	32

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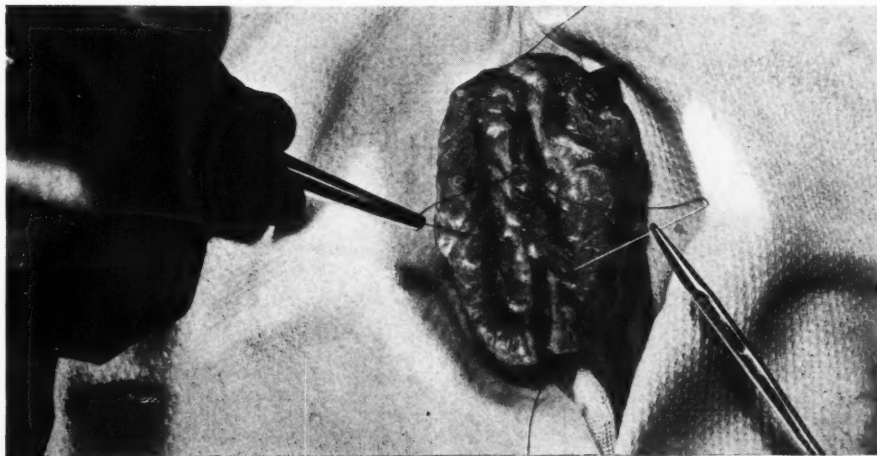
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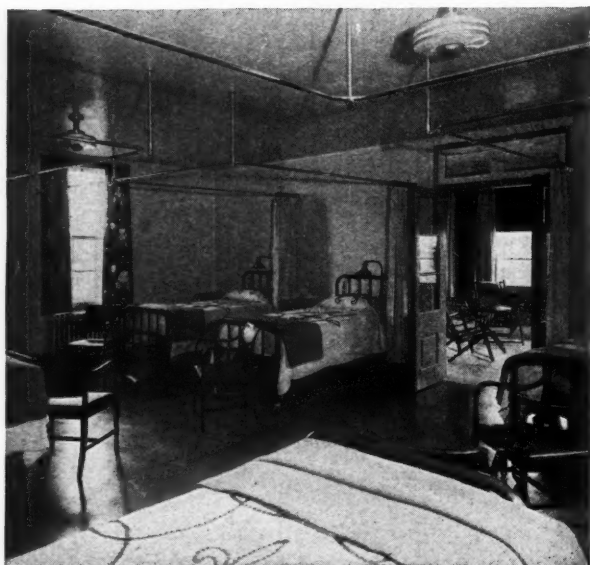
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The Index

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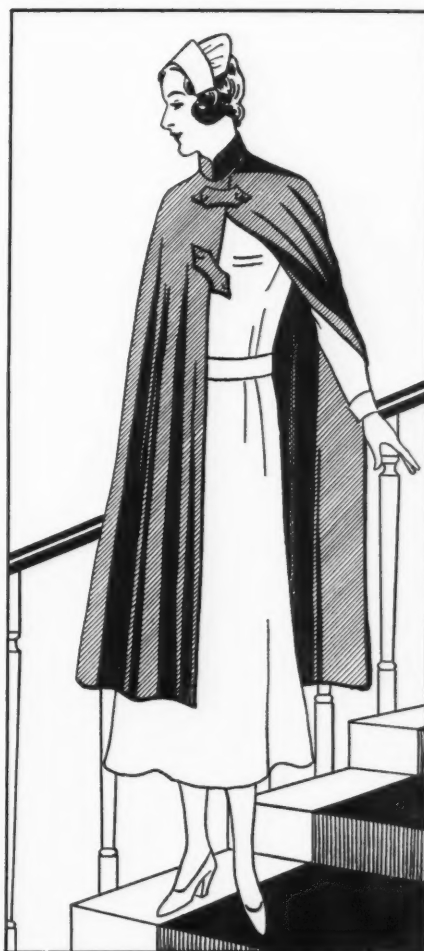
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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

VII. The Unknown Vitamines

● The past twenty years of biochemical research have steadily brought additions to the list of vitamine factors known to be indispensable in proper human nutrition. Today, only vitamines A, B₁, C and D, riboflavin and the P-P factor are universally considered as essential to man. In general, the requirement for these factors is greater in certain phases of the human life cycle than in others.

This list of essential factors is probably incomplete. It has been aptly stated (1) that our species has evolved in the direction of lengthening rather than shortening the list of known dietary essentials. However, it is reasonable to believe that the above list, although incomplete, probably does include all factors whose absence from the ration may cause the most severe types of human dietary deficiency disease.

Investigations on the nutritive requirements and the biochemistry of the lower forms of animal and plant life constitute the frontiers of modern vitamine research. From studies such as these may come the first clues as to new vitamines which may ultimately be proven essential in human nutrition. For example, it was upon research of this type that the dietary requirement of the rat for riboflavin

was established and the importance of riboflavin (1) in human nutrition postulated.

During recent years, a large number of factors essential to animals other than man has been enunciated (2). As examples might be mentioned the factor in plant juices required by herbivora (3); the factor in fresh meat essential to trout (4); and vitamine K, needed for normal blood coagulation in fowls (5). Whether these or others of the factors essential to lower forms of life will also prove indispensable to man, the future must decide.

The knowledge that our present list of essential vitamines may be incomplete, need not be alarming. However, such knowledge should serve to emphasize the desirability of a diet formulated according to the best present concepts of the science of nutrition. Nature intends that man should receive all dietary essentials, known or unknown, through food and it will be through the medium of a judiciously chosen, varied diet that these essentials can best be obtained. Needless to state, the several hundred varieties of wholesome, nutritious, commercially canned foods lend themselves admirably to formulation of such varied, protective diets.

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(1) 1938. J. Amer. Med. Assn. 110, 1278.
(2) 1938. Ibid. 110, 1441.
(3) 1936. Proc. Soc. Exper. Biol. Med. 35, 217.

(4) 1928. Science. 67, 249.
(5)a. 1935. Nature. 135, 652.
b. 1935. Biochem. J. 29, 1273.

Harvey Agnew, M.D.,
Editor



CANADIAN HOSPITAL

October, 1939

Vol. 16

No. 10

PRESIDENTIAL ADDRESS

To the Canadian Hospital Council

GEORGE F. STEPHENS, M.D.C.M., F.A.C.H.A.
Winnipeg, Manitoba

THE Canadian Hospital Council was organized eight years ago as a federation of the provincial and regional hospital associations of Canada. Associated in its membership is the Federal Department of Health, the health departments of the various provinces and the Department of Hospital Service of the Canadian Medical Association.

Since its inception it has more than fulfilled its original purpose, that is, to be a co-ordinating factor linking the component associations and through them the hospitals of Canada for the benefit of the hospitals. It is the one organization which can speak for the hospitals of Canada. Through co-ordinated effort, made possible by the "Council", hundreds of thousands of dollars a year are saved to the hospitals by the abatement of sales tax and customs duties, a saving which is estimated to be more than \$30 a bed annually. We have grown accustomed to this special privilege, taking it as a matter of course, but its value is again brought home to us when we consider the new taxes imposed in the September budget which if charged would cost the hospitals in the neighborhood of \$90,000 a year. The taxes on tea, coffee and liquors, amounting to at least \$100,000 a year are definitely for revenue. It would seem right and proper that the hospitals should not be taxed for revenue but should have exemption from these special taxes as in the case of the sales tax. It will be for you to decide what action is to be taken with the Dominion Government in this respect.

The Council has been found to be an excellent avenue of inter-communication between hospitals and also between the hospitals and governments. This has had a favorable influence on our relationships which are happier now than they have ever been in the past, another case

probably of the value of understanding the other person's viewpoint.

War-Time Co-operation

When it appeared that war was inevitable your Executive sent the following telegram to the Prime Minister:

"The Canadian Hospital Council, which represents through the provincial and other hospital associations the hospitals of Canada, desires to express to the Government of Canada its willingness to support the Federal Government in any way possible in this day of crisis. Stop. At the forthcoming session of the Canadian Hospital Council in Toronto on September twenty-second and twenty-third one of the principal items for discussion will be the ways and means whereby our hospitals and their personnel can be of most service to the Empire and the cause of freedom."

This was referred to and acknowledged by the Deputy Minister of Pensions and National Health, on behalf of the Minister. He stated in part as follows:

"I would be glad to discuss with you informally, and with any committee you may have of the Canadian Hospital Association, what we anticipate. It is expected that this Department will do all the hospitalization work for the Defence forces in Canada. Most of this work will be carried out in hospitals with which this Department has contracts for the treatment of ex-service men. It is therefore most essential that there be a liaison between the representatives of your Association, speaking for all hospitals, and ourselves."

Acting on this suggestion your President went to Ottawa and discussed the part which the hospitals of Canada might take to be of most help to the department, to the hospitals and the country. The substance of this discussion together with the recommendations will be dealt with on the agenda of this meeting.

Delivered at the Fifth Biennial Meeting, Toronto, September 22nd and 23rd, 1939.

It is the feeling of your Executive that every effort must be put forward to maintain the essentials of our hospitals' position in our respective communities for the furnishing of adequate care to the civilian population. We cannot do better than follow the arrangements of the United Kingdom which have been set forth by the Ministry of Health and are being adopted in Canada. We should have direct representation in an advisory capacity with the Department of Pensions and National Health, so that the hospitals may be continuously informed as to needs and plans. We should take care not to be stampeded in regard to the furnishing of more beds unless sure that they are required, or in regard to the disruption of our staffs by enlistment where such personnel would be much more valuable in their civil capacity. We feel that properly applied national service will safeguard the position of the public hospitals and also ensure equal if not better care for the Defence forces in those hospitals which may be called upon to care for them.

Contracts

Later in the agenda you will find a place for discussion on hospital contracts for hospital service, particularly in reference to a new proposal from the Department of Pensions and National Health for the care of veterans and the Defence forces. This "Council" should maintain the position which it took in peace time, that *all contracts for hospital care must be equitable and based on the full cost to the hospital*. It is particularly necessary that in this time of emotionalism and patriotic effort the hospitals maintain this position. Veterans are those who have served their country, and are entitled to every care the hospital can give. The troops in the Defence forces are volunteers who have enlisted in defence of their country. Neither of these groups can be construed in any way as belonging to a charity class or entitled to charity service. They are Government charges and no part of their hospital care should be charity.

The Work of the Council

The Council meets every two years and, as a rule, in Ottawa. In the interval its standing committees prepare reports on hospital activities such as administration, finance, public relations, medical relations, nursing, the small hospital and special studies such as collections, contracts, accounting, laboratory equipment, and so forth. These reports are considered in detail at the biennial meetings. When amended and finally accepted they are published in booklet form, copies being sent free to all public



The President of the Canadian Hospital Council is very much interested in the growing of cactus plants and allied flora. Some years ago, when he was president of the American Hospital Association, he brought home cactus plants from different states visited in the course of his presidential tour, and these formed the nucleus for his present collection. For exercise he wrestles with a pet alligator not shown in this picture.

hospitals in Canada. Additional copies are available at nominal prices to anyone interested. These booklets in themselves provide an excellent up-to-date hospital library.

The Hospital Service Department of the Canadian Medical Association maintains in the same building as the Council headquarters in Toronto an information bureau, library and consulting service available to the management of any Canadian hospital.

Council Finance

The Council is financed solely by grants from the provincial regional associations and by aid from the Hospital Service Department of the C.M.A. which takes the form of personnel assistance and of office space. The Hospital Service Department, as you are aware, is a separate organization supported by an \$11,000 yearly grant from the Sun Life Assurance Company of Canada, a grant which has been of inestimable value to the hospitals of this country through the service rendered to them by this department. Dr. Harvey Agnew, the Secretary of the Canadian Hospital Council, is also the Secretary of the Hospital Service Department. It is through his personal efforts that much of the success of this Department and of the Canadian Hospital Council have been achieved.

With the large increase in requests for advice and assistance from the hospitals, there is urgent need for more money to maintain and expand the advisory service of both the Hospital Service Department and the Council. An appeal made to the provincial associations to increase substantially their contributions to the Council met with a favourable response. While the amount of these association grants is a heavy drain on their budgets, it is money well spent. If it could be charged back to the individual

hospital it would amount to less than half of one per cent of the annual savings made through the direct efforts of the Canadian Hospital Council, savings largely made up of relief from sales tax and customs duties. This is unusually cheap insurance for the continuance of this valuable privilege which the hospitals enjoy. For to be continued it must be continuously watched and protected.

Our Monthly Magazine

The "Council" has taken over the full editorial control of the Journal "The Canadian Hospital". It has an option which will permit the purchase outright of the magazine at any time after April, 1941. The journal under its present editorial board and energetic editor is rapidly forging to the front and taking its place among those excellent hospital magazines published in the United States. There is a need and plenty of room for all.

"The Canadian Hospital" furnished an important means of communication between the "Council" and the hospitals. So far the journal has been sent on request, subscription payments being optional. The time has now come when it needs additional revenue in order to maintain and improve its position. Serious considerations must be given to placing its entire circulation on a pay basis.

Whether the Council will expand into a Canadian Hospital Association or continue to fill the need as at present is a matter for you now or in the future to determine. My opinion is that owing to geographical difficulties, due to that long narrow strip from ocean to ocean, expensive travelling and restricted finances, the time is not yet opportune for such expansion. In the meantime the organization is functioning and the whole machinery could be readily adapted to an active association with little difficulty. Its perpetuation would be the real problem.

Rising Costs

It is the general opinion among hospital authorities that the cost of operating hospitals will increase. It is not a question only of commodity prices and wage scales, but an increase due to higher grades of service rendered. Better trained people at better salaries are constantly in demand. Improved technical equipment is brought out yearly. Newer and almost always more expensive forms of treatment are required for those in need. There is a demand, as the result of education and broad publicity, for a more selective hospital service. It is now almost an accepted principle that nothing should be withheld which will aid in the treatment of a patient regardless of the cost or the ability to pay. Many of the machines, methods and materials of to-day were unknown when the present hospital rates were established. Procedures which were rare then may now be done routinely in diagnosis and treatment.

Ample Scope for Charity

Even if payment be on a cost basis, a principle accepted by many authorities and disputed by others, there is still ample scope for voluntary service. There is management, all important; there is the appeal for private subscriptions towards new buildings and equipment; medical research constitutes a financial problem in itself. There is a need for the expansion of the social aspect of hospital work, the importance of which is becoming more recognized each year.

In industry the rising labor costs are paralleled with the increased selling price of commodities. The margin of profit is a cushion sufficient to absorb the stress caused by any delays in adjustments between these two. Hospitals have no such profits and many have no endowments to fall back upon. Furthermore, our hospital rates have not increased in proportion to rising costs. In industry it is noticed how quickly commodity prices rise upon any increase, whereas in hospitals little is done but to add to the ever mounting loss. The so called "hospital deficit" generally represents the amount which paying authority has underpaid and should owe the hospital for caring for its indigents. Hospitals are organized to serve the public and the public should pay the costs within reason.

If we have put our own house in order, which most of us have done during the past nine years, then we should consider and take unified action on this question of inadequate financial return. A "brief" recently presented to the United States Senate by the American Hospital Association is equally applicable in Canada. In substance this is as follows: The hospital profession of this country is socially minded. They know that there is the problem of securing adequate hospital care; they don't hide their heads and say "I see no need, therefore there is none". The member organizations of the Canadian Hospital Council are the people who have pioneered hospitalization in this country. They are informed and what is known about the hospitalization of the sick and injured is at their fingertips. They are accustomed to think in terms of community values, not in terms of selfish considerations. *Their advice should be heeded, not ignored.*

On the agenda there will be a discussion on *Accounting and Statistics*. Some desirable suggestions will be offered for simplifying the forms recently accepted for use. On the other hand, let us approach this question of change in the spirit of open mindedness with the hope and expectation that we may improve our statistical records and that these may be of much more value through uniformity and accuracy than they have been in the past. Let us not maintain older and sometimes confusing systems of accounting just because we have always done so.

Tradition a Poor Master

My further remarks might be headed, "Tradition—a good servant but a poor master". Tradition is a wonderful thing. I need not elaborate on this; we all know its value and its help, but do we realize that it has disadvantages? Rigidly adhered to, it provides the easy way out; it saves thinking and planning; it insures a smooth well-running machine; thus tradition makes a good servant. But when something gets into the oil or a part is worn out which cannot be replaced, or a stress confronts it which the machine was not designed to meet, there is trouble. It is static, it is inelastic, and sometimes destructive to new ideas. How discouraging that defensive phrase with which we all are familiar, "We always have done it this way". Tradition makes a poor master.

Should the Best Always be Given?

There is a tradition that nothing is too good for the sick or injured patient in hospital, but are there not those among our governing bodies and supporters who doubt

this premise or accept it with more or less reservation? Is there not an increasing tendency among those in official positions, elective or appointive, to question whether the hospital is doing its part in adapting itself to the financial limits imposed in these days of restricted budgets? Other services, such as "organized relief", are frequently based on minimum standards. Should individuals, particularly those who are public charges and paid for out of public funds, official or charitable, be entitled to more than minimum standards of care? *Are the hospitals themselves not creating class distinctions and special privilege in assuring to the indigent the very best in medical and hospital care while those of modest means may only be given that for which they can pay?* We use the public school system as a simile, but this is neither correct nor consistent. All those at school have equal privilege and opportunity insofar as the school can provide it, but all those in hospital or who should be in hospital have not this advantage. Truant officers will bring in the errant scholar; existing legislative restrictions and personal inability to pay tend to push out of hospital the patient of moderate means.

Why should we furnish a free service or a service rendered at less than cost, when possibly we should not be giving it? We claim merit for this, yet in other circles it may be considered blameworthy in that we are unnecessarily generous with other people's money. Why do we continue to penalize the paying group and take credit for what we are doing for the indigent, some of whom may be patients through culpability on their own part where the illness or the injury is as much self inflicted as the famous 'S. I's.' of the late war which when discovered were dealt with so severely.

Unnecessarily Expensive Care

How can we control the use of diagnostic and treatment procedures of an expensive character ordered in good faith but which are merely money wasted, money which should be used for the treatment of those where real benefit can be anticipated. It is a dangerous thing even to suggest that anyone should be placed in the position of judging the value of a human life, and yet those in hospital administration are daily facing this through our responsibility for making available or withholding life saving, or life prolonging, measures. The doctor cannot well depart from his fundamental training which is essentially the cure of illness, or at least relief from suffering and the prolongation of life. The hospital trustee deals with general policy, not the individual case. It is the administrator who must often weigh the facts and make the decision where special expenditure is involved. There should be a standing committee of the medical staff in each hospital, akin to the principle adopted by other organizations such as the "advisory committee" of compensation boards, to share with him, or with her, this responsibility. Fortunate is the administrator having on the staff of his or her hospital doctors who will come out "flat footed", take full responsibility and say "this is unnecessary", or "that is inadvisable", or "such and such is useless", or "the information to be obtained will not warrant the time or expense entailed".

It has frequently been stated that the convenience of the doctor results in a great expense to the patient. It might further be added that the professional satisfaction

of the doctor may also be a great expense not only to the patient but to the hospital. Take for example a well trained clinician who, as a result of accurate history taking and skilled physical examination, will probably be 90% correct in his findings. It is to eliminate this doubtful 10% that much of the extra hospital expenditure is made. I recall the words of a staff doctor, "I wish I could get for my private patients all that I can for those under my care in the public wards and the O.P.D." Yet if the hospitals say that 90% efficiency and accuracy is all that they can afford and refuse diagnostic aids when requested, they will also have to consider how to replace their medical staff, for resignations inevitably will follow.

I have not the remedy except through some form of mutual protection by insurance for that great medium income group who are so heavily burdened through illness. Group Hospitalization or Hospital Care Insurance, is a step in the right direction; general voluntary health insurance would be still more helpful.

Nursing Traditions

In the School of Nursing tradition makes a helpful servant, but a particularly bad master. Why should the "long day" be continued for student nurses when both industry and education have adopted shorter hours?

Why should the patient be charged by the hospital for the meals of special nurses employed by the patient? The patient pays for her services and the nurse should buy her own meals as and where she wishes. This system which has grown up with the years is still quite non-understandable to many patients, nor does it appear to have justification.

Recommendations

We are arranging for bigger and better hospital conventions, but are we not holding these too frequently? Inspiring and valuable as they are they do involve a severe drain in time and money. It seems to me that a biennial meeting of the national organizations and a biennial meeting of provincial or regional associations in alternate years would be advantageous.

One would like to give a dissertation on *reading* if time permitted; however, I will compromise by pointing out again the excellence of the hospital journals that are available for our use. Might I suggest one more journal, something on the lines of the "Digest" magazines which would review the literature and condense it in short form for the busy hospital person. He or she could then select the original articles from which these condensations had been made and get fuller detail if desired. Incidentally, the reading and indexing for future reference of many of these articles would save sending out questionnaires by individual hospitals for information which is already available in published form.

Another thing one would like to recommend is the habit of using a *check list*, not only for buildings and furnishings but for proposed administrative changes and what they may involve, appointments, fixing, qualifications for job analysis, particularly when you don't want any nepotistic pressure to be brought to bear in filling an appointment, an appointment which is your responsibility.

Lastly: my only other admonition is to soft pedal the use of the "I" and in its stead use "we", for the whole of hospital service is a "we" effort.

Report of the Secretary to the Canadian Hospital Council

In the two year interval since the Fourth Biennial Meeting was held in Ottawa, the Canadian Hospital Council has had a number of problems laid before it, and has met these problems as far as is possible. Thanks to the increased support given to the Council by the hospital associations which make up its membership, it has been possible to add Miss Frances Campbell to our staff, and this has enabled us to undertake more activities.

It was a distinct loss to the Canadian Hospital Council when Father Verreault, on very short notice indeed, found it necessary to resign in order to undertake his present activities of an international nature with the Oblate Order. Father Verreault was one of the most enthusiastic members of this Council, and contributed magnificently to its work not only as Chairman of the Committee on Accounting, but in his general activities on the Executive Committee and, later, as President. Prior to Father Verreault's departure from Canada, the Executive Committee presented to him on behalf of the Council and as a token of our esteem and regard a small gift in the form of a brief case. Fortunately, we had in the person of our 1st Vice-President, Doctor George F. Stephens, of Winnipeg, an individual who was quite capable of taking Father Verreault's place and, in the interval since Father Verreault's resignation, he has most satisfactorily discharged his duties as President.

1937 Study Committee Reports and Transactions

Following the last meeting, the various committee reports were revised in the light of the discussions, which took place at that time, and were distributed throughout the hospital field. In accordance with the desire of the Council, these were distributed more broadly than in previous years. Many laudatory reports have been received concerning these bulletins, and repeated requests for additional copies bear evidence to the interest which they have created. Excerpts from these reports have been published in hospital journals in England, in the United States and

elsewhere, and already requests have been received from editors of hospital journals for the reports being presented at these meetings. As time goes on, these bulletins will form, without doubt, a most valuable analysis and review of hospital data and hospital policies in this country.

The transactions of the last meeting were compiled and issued with a minimum of abbreviation. It will be for the Council to decide at this meeting whether or not it desires that the transactions be again issued and the extent to which the discussions should be synopsized.

Executive Meetings

In accordance with the desires expressed at the last Biennial Meeting, the Executive Committee met in Toronto on March the 10th, 1938. At that time a full agenda was considered and much progress made. No Executive Meeting, however, was held during this past winter, partly because it was possible to clarify the matters under consideration at that time by correspondence and partly because the temporary additional work undertaken by your Secretary in connection with the American Hospital Association necessitated more or less continuous travel in the United States over a considerable period of time. In view of the present situation facing the hospitals of this country, arising from the fact that we are in a state of war, it would seem advisable that our Council should be prepared for Executive Meetings at more frequent intervals in the future than in the past.

Brief on Federal-Provincial Relationships

In December, 1937, your Executive Committee submitted to the Commission on Federal-Provincial Relationships a Brief on behalf of the Canadian Hospital Council; copies of this Brief were forwarded to the member associations at that time. The Canadian Hospital Council appreciated the opportunity of presenting this Brief and in it endeavoured to set forth the position of the hospitals of this country.



Candid shots at the meeting. Mr. W. R. Chenoweth, Montreal, Dr. H. C. Scadding, Toronto, and Rev. H. G. Wright, Inverness.



Rev. Father Ivan d'Orsonnens, S. J., of Montreal, Rev. Father R. Brodeur, St. Boniface and Rev. Father A. Fafard, Joliette, Quebec.

The Joint Committee on Medical Education and Hospital Relationships

During the past year, extensive correspondence has taken place between medical colleges, medical associations, the Canadian Hospital Council, and licensing bodies concerning the advisability of setting up some machinery to facilitate co-operation between these various bodies. For instance, hospital internships could be made of more educational value if there were a closer link with the medical schools, and there would be more satisfactory service, in many instances, if such were required for the licence to practise. The provision for graduate education is of immediate concern to the profession, the hospitals and the universities; so is the not too distant certification of specialists.

The initial correspondence was inaugurated by the Department of Hospital Service and the Committee on Medical Education of the Canadian Medical Association. As most replies were favourable, a meeting was held in Montreal in June to consider the advisability of setting up some committee to facilitate this co-operation, whenever such be needed. At this meeting the Canadian Hospital Council was represented by its President, Doctor Geo. F. Stephens of Winnipeg. At this meeting there were present representatives of eight provincial licensing bodies, ten medical colleges, the Canadian Hospital Council, the Royal College of Physicians and Surgeons of Canada, seven provincial medical associations, the Canadian Public Health Association and the Canadian Medical Association. It was agreed that a conference of these bodies be held annually, and it was left to a small committee under Doctor F. J. H. Campbell, London, as representative of the medical colleges, to name a committee to work out the details of organization. Your Executive Committee would like your decision as to whether or not this Council should participate in this liaison arrangement.

National Building Code National Research Council

Major-General A. G. L. McNaughton, President of the National Research Council, on January the 4th, 1938, announced that the National Research Council, in collaboration with the Dominion Fire Commission and the Dominion Housing Administration, had undertaken the preparation of a model building code for Canada. It was decided that a comprehensive advisory committee would be set up, and the Canadian Hospital Council was invited to name representatives. The then President, Rev. Father Verreault, nominated the following representatives with the endorsement of the Executive Committee:

James Govan, Esq., Architect,
A. J. Swanson, Esq., then Chairman of the Committee
on Construction,
Harvey Agnew, M.D., Secretary.

In the interval, much progress has been made by the National Building Code Committee on various portions of the report, such as:

Zoning requirements,
Classification of occupancies,
Wood Construction,
Wind and snow loads,

Fire protection,
Live and dead loads,
Excavations, footings and foundations,
Health and sanitation requirements.

This important undertaking will be considered when discussing the Report on Construction.

Standards for Obstetrical Practice in Hospitals

As part of the campaign to reduce the incidence of maternal mortality, the Committee on Maternal Mortality of the Canadian Medical Association (J. D. McQueen, M.D. of Winnipeg, Chairman,) has been engaged for over two years in working out standards of obstetrical care in hospitals, which could be recommended for general adoption throughout the country. Modifications of the general recommendations are outlined for the guidance of the smaller, less well equipped and organized hospitals. This excellent report was finally adopted, and its publication authorized by the General Council of that Association this year. This will be issued by the Department of Hospital Service.

Before publication, however, the Committee desires that this report be presented to the Canadian Hospital Council with the hope that this report could be published as "approved" by the Canadian Hospital Council. As a Medical Relations Committee was not named this year, perhaps the Council would refer the matter to a special committee or to the Executive Committee with the request that their recommendation be reported back to the Council at this meeting.

Radio Interference

At our last session, considerable discussion took place respecting the proposed Federal Regulations to govern the use of physiotherapy apparatus in order to minimize interference with radio reception. While tentative dates for a gradually tightening plan of control had been anticipated, we were informed last month by the Department of Transport that no regulations had yet been put into effect. The government is making every effort to be fair to all parties concerned, but it is just possible that, in view of the more rigid control of radio reception and transmission by the government due to war emergencies, early action in this matter may be necessary.

Tariff Changes

During the past year, several changes have taken place in the Customs Tariff status of articles imported for hospital use. The customs tariff items of most interest to the hospitals have been brought up to date and included in the Legislation Report submitted at this session.

Sales Tax Exemption

During the past two years, various changes have been made in the list of exemptions. This information has been brought up to date in the Legislative Report, Bulletin No. 30. The exemption of certain construction materials irrespective of purchaser has had some effect upon the method adopted for the purchasing of materials when enlarging a hospital, but it is still recommended that the materials be purchased in the name of the hospital. This causes least confusion.



Mr. R. Fraser Armstrong, Kingston, now of the Executive Committee, Mr. J. S. Williams, Moose Jaw, and Mr. C. C. Gibson, Regina.



There seems to be a point in question for these gentlemen. They are Dr. A. F. Anderson, Edmonton, Mr. C. J. Telfer, Toronto, Mr. Leonard Goudy, Saskatoon, and Mr. S. H. Curran, Yorkton.

The regulations respecting the sales tax on drugs have been rigidly enforced during the past year, and some of our hospitals have had unfortunate experiences as a result. This subject will be considered later in the program.

The Council may desire, also, to discuss whether or not it is desirable for hospitals, or groups of hospitals, to retain the services of special advisers to direct their applications for exemption from sales tax.

Hospital Contracts

Our Committee on Hospital Finance has made some pointed comments on the acceptance of hospital contracts by hospitals at less than cost. The views of the Council were clearly expressed also in a resolution at the 1937 session. This matter has been again brought to the attention of the Council in connection with D.S.C.R. contracts. Undoubtedly, this will be given further discussion when the report of the Committee on Hospital Finance is considered.

Canadian Intern Board

Last winter the medical students of the different Canadian medical colleges formed an organization known as the Canadian Association of Medical Students and Interns. The CAMSI has a strong advisory committee under the chairmanship of Sir Frederick Banting, and has worked out a commendable program of activity mainly relating to the health of students and interns and to post-graduate education.

They have taken up the difficult task of bringing order out of the chaotic confusion now existing in the appointment of interns. The plan which they have evolved has met with the approval of the student bodies, and of the majority of the hospitals approved for internship. The plan applies only to internships where the students are graduates, as the undergraduate internships prevailing in certain of the colleges are arranged within the school. The plan evolved gives the student free choice of hospital, and gives the hospital the same free choice of interns. The great advantage is that the appointments are all made at the one time.

To make this arrangement, the CAMSI has requested that there be set up a Canadian Intern Board made up of

three members. It is recommended that one member be named by the Canadian Hospital Council, one by the Department of Hospital Service of the Canadian Medical Association and one by the Canadian Association of Medical Students and Interns. The president of this organization has requested that the Canadian Hospital Council make such appointment at this meeting.

International, American and Other Hospital Conventions

Canada and this city have been highly honoured by the choice of Toronto as the convention location for the International Hospital Congress and the conventions of the American Hospital Association and a number of allied associations. All in all nine conventions were booked to meet in this city. We are exceedingly grateful to the Federal Government for its very fine contribution of Five Thousand Dollars towards the arrangements for these meetings.

It has been a matter of deep regret that the action of the war-mongers cancelled these arrangements almost at the last moment. Under the guiding genius of Doctor M. T. MacEachern, a program had been arranged which was without exception the finest ever planned by the international group. All of the forty-one study committee reports had been translated into the five official languages at considerable expense, and had been printed and bound for distribution before cancellation became necessary. Owing to the nature of the convention, some seven or eight thousand dollars had to be expended in advance, the committee having the hope that the registration fee would help to return this amount in part at least. A magnificent pageant had been planned by the nurses of Ontario District No. 5, and this has had to be abandoned, although quite a sum of money had already been spent upon it. However, thanks to the various donations contributed from different sources, it is hoped that the Local Committee will break even on the expenses.

It is a great pleasure, however, to the Canadian Hospital Council and the Ontario Hospital Association to be hosts to the American Hospital Association and the other bodies meeting during this coming week, and all indications are that these conventions will be among the best in their history.

Presentation Gavel

The Executive Committee of the Canadian Hospital Council is arranging to present a gavel to the American Hospital Association in honour of the joint convention. This is no ordinary gavel. The head is made of wood which came from the oldest portion of the Hotel Dieu of Quebec, which was the first hospital in either the United States or Canada. This hospital is celebrating its three hundredth anniversary this year. The inscription will be on Canadian silver and the handle of Canadian hardwood. It was our intention to present a similar gavel to the International Hospital Association, had its meeting been held this month.

1939 Study Committee Reports

In connection with the reports being presented at this meeting, your Executive Committee desires to thank most warmly the various committee chairmen and committee members who co-operated so generously in the preparation of these reports. The reports submitted this year are of a very high order; they indicate very careful thought on the part of those who have prepared them, and a perusal of these reports will reveal very quickly that the committees have not hesitated to state very definitely their views on various problems and their solutions. It will be noted that the Committee on Legislation not only incorporated all of the new legislation relating to hospitals which has been put upon the statute books since our last meeting, but has made a consolidation of the material in former legislative bulletins Nos. 9, 16 and 25. With this consolidation, it is now possible to have the complete analysis of the more important features of our legislation in the different provinces all under one cover, and it is our opinion that this bulletin will be very much appreciated by both hospitals and legislators. Your secretary would like instructions concerning the extent to which these bulletins should be printed and distributed.

A year ago a deputation waited upon the Government with the request that the Government assist the Canadian Hospital Council in its work. Although he expressed keen sympathy with the work of the Council, The Honourable Mr. Power did not feel that the government could assist the Council at that time with financial support. However, it was intimated that it might be possible for the government to assist us from time to time in other ways, such as in the printing of reports, etc. The printing of the bulletins following this session, however, was not requested of the government, inasmuch as we had received unofficial intimation that the five thousand dollars sent to the Canadian Hospital Council to be applied to the expenses of the joint conventions this month should be considered as an adequate current contribution of the Federal Government to our organized hospital work; with that viewpoint we do not take exception.

Corresponding Committees in Member Associations

The suggestion has been made by the Chairman of the Committee on Hospital Finance, Mr. Oliver Phillips, that it would expedite the work of the Council committees if there were in each provincial and other association a corresponding committee; the chairman of such regional committee, or some designated member, could then become part of the national committee and be the regional repre-

sentative on that committee. If this proposal be adopted by this Council, efforts could then be made to bring about this co-ordination.

American Hospital Association Memberships

The Canadian Hospital Council will be interested in the decision made by the American Hospital Association some months ago that Canadian hospitals holding membership in the American Hospital Association will be allowed a twenty-five per cent reduction in the annual dues. This would seem to be a very desirable decision. The American Hospital Association is "American" in the broad sense and our Canadian hospitals derive considerable benefit and inspiration from participating in membership. However, it is true that certain of the activities of the American Hospital Association, particularly those relating to Federal legislation, are of concern only to hospitals in the United States. It was for this reason that this generous action was taken by the Board of Trustees.

Delegate to C.N.A. Meeting

In accordance with your instructions that a delegate be sent to the 1938 meeting of the Canadian Nurses Association at Halifax, Doctor S.R.D. Hewitt attended this meeting. His presence and participation in the discussions were very much appreciated by the Canadian Nurses Association.

The President of the Canadian Nurses Association, Miss Grace Fairley, of Vancouver, has sent to us, on behalf of her Association, the cordial greetings and best wishes of the Canadian Nurses Association.

Personnel Relationships

In various centres in the United States and Canada there has been a movement during the past two years to organize labour unions in various hospitals. In some instances, considerable unrest has occurred, and, in a few instances, strikes have actually taken place. Several Canadian hospitals have been picketed. Last year the Quebec Legislature passed an enactment forbidding strikes in charitable institutions. Although the American Hospital Association has found it necessary to hold conferences with the leaders of the two major labour organizations, such has not been necessary on the part of the Canadian Hospital Council. During the past year, a much better understanding has taken place in quite a number of hospitals where previously there had been unrest. Further organization would seem to have been suspended pending a further study of personnel relationships in hospitals. Undoubtedly, the war will have some effect on the labour situation.

Civilian Hospital Co-operation in War Measures

With the advent of the war it becomes necessary for us to give serious thought as to what role the civilian hospitals can play in the successful prosecution of the war. The war will affect the hospitals in many ways—reduced revenue, loss of personnel, requests for soldier accommodation, emergency provision for air raids or coastal attacks, demands for more trained nurses, etc. One of the major discussions at this conference will be on this subject.

Council Approval Requested

On various occasions it has been suggested that the

Canadian Hospital Council should go on record with respect to the principle of Hospital Care Insurance. It has also been requested to name an official nomenclature for hospital medical records. The Council may desire to express an opinion on these points, either directly or through the Resolutions Committee.

From time to time we note that various commercial organizations or plans of insurance, or individuals, imply in various ways that the approval of the Canadian Hospital Council has been given to their activities. The Canadian Hospital Council has no desire that its imprimatur be given without the soundest of reasons, and your secretary wishes to emphasize that no such approval has ever been given without the consent of the Executive Committee.

Dental Facilities in Hospitals

Last year, the Executive Committee suggested that the Council make a study of dental facilities in hospitals, possibly with the collaboration of other bodies. This study was to cover the organization and relationship of the dental department, the utilization of dental interns, instruction in dental hygiene to patients, etc. In the interval, a committee of the American Hospital Association, working in collaboration with this body and with the Canadian

and American Dental Associations, has been formed under the chairmanship of T. L. Marsh, D.D.S., of Toronto. Doctor Marsh will speak on this subject at the American Hospital Association Convention next week, but the report of his committee will not be available for another year.

Appointment of Auditor

One of the recommendations of the Committee on Constitution is that the Auditor be named at this meeting. While this report has not, as yet, come before you, it would be quite in order to consider the appointment of an auditor after the reading of the reports of the Secretary-Treasurer.

Future of Council

With the increasing development of the Council, it is imperative that we give some thought at each session, as pointed out by the President, to the most desirable form of development for the future. It will be necessary, too, for the Council to give thought to the possible effect of the war upon the Council, and particularly to its scope of activities and possible changes in personnel.

All of which is respectfully submitted.

HARVEY AGNEW,

Secretary.

Dr. Malcolm T. MacEachern Receives Coveted Award of Merit

A feature of the Presidential Session of the American Hospital Association was the presentation of the first Award of Merit to Dr. Malcolm T. MacEachern. This is a beautiful gold medal which the Association will bestow periodically upon that person who has made the most outstanding contribution to hospital advancement. This first Award, conferred upon Dr. MacEachern by the unanimous decision of the Committee on the Award of Merit, was presented by the senior trustee, the Rt. Rev. Msgr. Maurice F. Griffin, who said in part:

... "A particularly fortunate choice has been made; one who has to his credit notable accomplishments not only for the current year but also for many years, one who has made a positive contribution to the special interests of the American Hospital Association and also to the field in general, one who, though he may be approaching the retirement age, is still possessed of remarkable vigour of mind and body, still concerned with increasing activities, still assuming added responsibilities and still achieving new triumphs."

"... And through it all, all his varied official responsibilities, he is the same pleasant mannered gentleman. He seems always willing to do most anything any one asks him to do. He always has room for another round table."

"A man of wide experience, of comprehensive information, with perhaps as extended an acquaintance and as long a list of personal friends as any in the field; a most worthy recipient of the highest honor within the gift of the American Hospital Association of the United States and Canada."



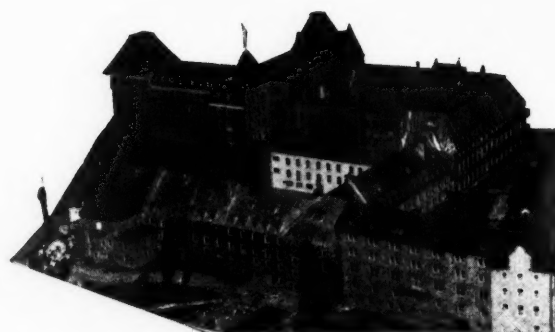
Dr. M. T. MacEachern (right) wearing the badge of the A.H.A. House of Delegates, talks things over with Dr. D. M. Robertson, Ottawa Civic Hospital.

Successful Tercentenary Celebrations at Quebec

NEVER before has a hospital in Canada held such a ceremony as that which was held by the Hotel Dieu in Quebec for the eleven days ending September second. Delegates to the ceremonies were present from all over the United States and Canada and many distinguished guests attended from Europe. After all this was our first hospital, the first in either Canada or the United States, and its three hundredth anniversary had to be fittingly observed. There were several religious ceremonies, a hospital convention, a clinical day for the doctors and many other events.

Quebec Conference, Catholic Hospital Association

Noteworthy was the gathering of the Quebec Conference of the Catholic Hospital Association. A record attendance greeted the speakers. Father F. Laurendeau preached the sermon at the Basilica, Mr. Jean Bruchési, assistant secretary of the province, reviewed the "Expansion of hospital work in North America since 1639", and Father A. M. Schwitalla spoke on the "Influence of the Catholic Hospital in our Modern Society". Dr. Léo Parizeau of Montreal discussed "Scientific Progress of the Hospital", Dr. Charles Vezina of Quebec, "The Relation Between the Medical Profession and the Hospital" and Dr. Albert Paquet of Quebec spoke on "Professional Secrecy". "The Public and the Hospital" was the theme of Sister St. Marien of Laval Hospital; Miss M. M. Doyon spoke on "Co-operation with the Nursing Profession". The convention was closed with an address by Father V. Germain, the Director of the Quebec Conference, on "Facing the Future".



Model of present Hotel-Dieu

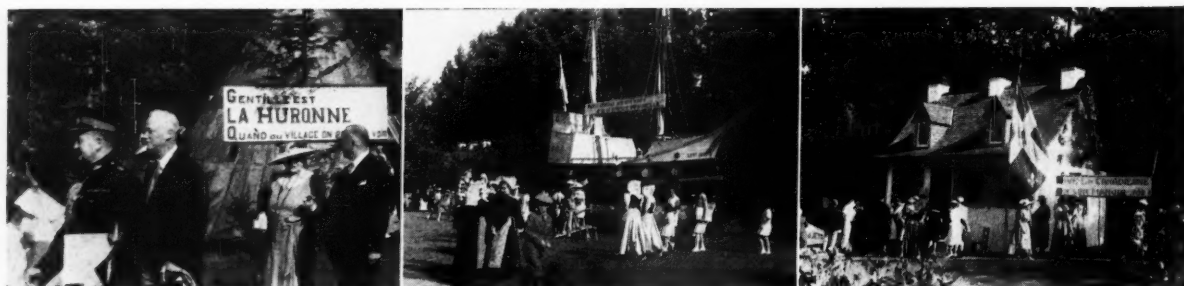
A Unique Gift

A special feature of the Hospital Convention was the presentation by the Catholic Hospital Association of four large volumes made up of testimonial messages from some 600 hospitals in Canada and the United States. These were mainly beautifully illuminated messages. Presented by Father Schwitalla, these handsome volumes were obviously very deeply appreciated.

Monastery and Cloisters Opened

The "Celebration Officielle" took place on August 28th. For the Pontifical Mass the cloistered Augustine and Ursuline sisters for the second time left their cloistered retreats and, preceded by Zouaves and other military units, walked nearly two hundred strong to the Basilica. Later in the morning a large group of invited guests visited the cloister, an exceedingly rare privilege. The older part of this building was erected in 1696 (the first buildings were destroyed) and it was of great interest to wander through the thick-walled corridors, to see old bullet marks (see August Journal), the candle lit cells still used by the sisters and the framed registries of the early nuns on the walls indicating that some of these sisters had spent 50, 60, 70 and even 76 years in this cloister! Though plain, naturally, everything was spotless and brightened with autumn leaves and potted plants and ivys. Down near the garden exit is the tiny little room with its meagre furniture where the sisters worshipped during the siege of Quebec. The beautiful public chapel is one of the finest in Canada and the sisters' chapel communicates directly with it (see illustration).

The Kermesse Historique in the Cloister Garden drew many visitors.



LEFT: His Honour, Lieut.-Governor Patenaude and Dr. Charles Vezina, Surgeon-in-Chief, inspect an old wigwam. CENTRE: Model of the ship which brought the first Sisters from Dieppe. RIGHT: An early French house with relics on display inside.



LEFT: Some of the old jars and pitchers in the historical museum of the hospital.



RIGHT: The beautiful chapel for the cloistered Sisters opens through grill work to the altar of the main chapel.

—Photographs by the Editor.

A Feast of Oratory

The formal luncheon, held in the large refectory of the monastery, was the official occasion of the celebration. Presided over by His Eminence Cardinal J. M. R. Villeneuve, and with high dignitaries of the Church and State participating, it was indeed a memorable event. Some 250 guests were present. Among those who spoke or otherwise participated were His Honour, Lieut.-Governor Patenaude, Premier Duplessis, Mgr. Eugene Laflamme, the Chief Justice, Prof. Claude of Paris (of neon light fame) representing French science, the Duke of Levis-Mirepoix, Mgr. Plante, Major Lucien Borne and others. On this occasion Dr. Harvey Agnew presented to the hospital a beautiful illuminated certificate on behalf of the American Hospital Association (see page 34). Among the notables present was the Superior from the original monastery at Dieppe from whence came the first three sisters three hundred years ago.

La Kermesse Historique

Probably never before have the gardens of the cloister been so gay and colorful. Scattered among the brilliant beds of flowers were most interesting attractions. Here was a replica of the original high sterned sailing ship on which the sisters arrived. Visitors entered to view the interior by a door in the hall. There was an old Indian wigwam with cheery squaws in costume selling woven baskets at the entrance. One could visit an old style habitant house, or the Tower of London, somewhat abbreviated but none the less fearsome. Over under the trees booklets and engravings were for sale just as in the famous display cases along the banks of the Seine. Although we missed it somehow, we understand they even had "bingo". The gay bazaar was further enlivened by the presence everywhere of scores of lovely girls wearing their picturesque and colourful Flemish and other costumes of the period. Perhaps that is why we missed the bingo.

Canadian Hospital Council Sends Greetings to the Hotel-Dieu of Quebec

Winnipeg, Manitoba.
August 16, 1939.

The Reverend Mother St. Marc,
Mother Superior, L'Hotel-Dieu de Quebec

Dear Mother St. Marc:

On behalf of the Canadian Hospital Council I should like to express to you and to your co-workers at L'Hotel Dieu de Quebec the greetings and felicitations of the Hospitals of the Dominion of Canada on this momentous occasion in your history, your Tercentenary. Three hundred years of service to sick humanity without interruption and without regard as to race or creed—first the Soldiers of France, then the Army of England and always the Indian Tribes! These were taken as they came and almost three centuries later you were still taking soldiers, this time the Soldiers of Canada!

Your record as the first hospital founded on this North American Continent is one of which we are all proud and one which we would like to celebrate with you.

We trust that your Commemorative Celebration will be a happy one and that everything will go well with you not only during the joyous week but in the years to come.

Yours sincerely,
(Signed) GEO. F. STEPHENS,
President.

Monsieur le docteur Geo. F. Stephens
Président de l'Association des Hôpitaux Canadiens

Les Augustines de l'Hôtel-Dieu de Québec expriment leur vive reconnaissance aux membres du Canadian Hospital Council pour le gracieux hommage de souhaits et de félicitations offert à l'occasion du IIIe centenaire de l'Hôtel-Dieu. Elles prient Monsieur le Président d'agréer l'expression de leurs sincères remerciements et l'assurent qu'elles ont apprécié avec profonde joie le témoignage si bienveillant qu'il daigne rendre à leur Institution.
Monastère de l'Hôtel-Dieu,
Québec, le 5 septembre 1939

Obiter Dicta

The Hospital Contribution to War Effort

WHAT contribution to the war can the hospital make? This question faces every Canadian hospital. Hospital managements must decide upon their plan or policy of operation. The first question in the formation of the policy to be adopted is whether the hospital will shape its plans to meet the requirements of a prolonged war, lasting for years, or will the re-organization be arranged on a temporary basis.

The results in Poland, while distressing and unfortunate, will have but little influence on the duration of the war. Two great armies have moved into previously prepared defence lines. Such a situation in itself seems to indicate a fighting policy of a slow but steady pressure. This method of fighting will mean months and years of military effort. Also, the strategy of Great Britain and France will probably be to play for time, for the reason that their economic resources can stand the strain better than those of Germany. It would seem, therefore, that the hospital organization policies should be at once revised upon the assumption that war conditions will last for at least three years.

The providing of patient service to civilians and men in training will be required and the greatest contribution the hospital can make to the cause is to give this service at the lowest possible cost. This means the elimination of all non-essentials and frills.

We are at war. The enemy has every private and public service marshalled to one end—that citizenship and jobs count only as a part of the war machine. We must organize for the same purpose, and patients, doctors and service regulating agencies must co-operate by being tolerant in their demands. The demands for shorter hours, for the time being, should be forgotten; statistical and clerical requirements should be reduced to a minimum; specialists who have enjoyed hospital service departments organized for their particular work must, in the cost reduction process, be satisfied with less individual consideration; hospital supervising officials must cheerfully take over the task of training new personnel to replace those who have enlisted; standardized equipment and supplies must suffice. In fact, every detail entering into the cost of hospital service must be considered as a part of the war burden.

Having eliminated the non-essential costs, the next thought should be—What can be done to contribute something in a more direct way? There are several ways of giving this direct assistance.

Nurses with special training in surgery will be in demand. Special courses in surgical nursing might be organized and acceptance of applicants limited to those nurses who enter into an agreement to enlist for military

service. Numerous Canadian hospitals could each take on a few graduate nurses for such special training, and the results in the aggregate would be substantial. All hospitals operating training schools could increase slightly the number of pupils without increasing greatly their operating budget, and the combined effort in this direction would assist.

The inroads upon present staffs through enlistments will be heavy and an effort should be made to arrange the replacement without drawing upon personnel qualified for military service. One way to arrange this adjustment is to at once organize a *local survey of available help*. One hospital has already started such a survey. Notice was given through the local press that applicants for hospital service would be interviewed each morning at a certain hour. The response has been most gratifying and girls and women appear anxious to do their bit by taking over tasks that under ordinary conditions would be undertaken by men. Young ladies with good family background and good educational qualifications have shown that they are ready to take over work which, in peace time, they would not consider, and men with physical disabilities and those who are above the age limit are showing a desire to help in every way that they can.

Each general hospital in Canada has a contribution to make that is well worthwhile. There should be no delay in the re-organization which would provide this assistance.

—R.F.A.



The Job of Thinking

AT a recent hospital association convention the superintendent of a small hospital objected to the forms originating with the Dominion Bureau of Statistics at Ottawa. Her sole and only complaint was that she was too busy to keep the required records. It seems timely to dwell for a few moments on this situation.

It is true that many superintendents of small hospitals are expected to perform many routine duties as a part of their work. It is also true that many superintendents of not-so-small hospitals perform many self-imposed routine duties at the expense of time which should be invested in better fashion for the maintenance of their institution.

The simple records, none too accurately kept in many instances, have seen their zenith and decline. The modern age has developed requirements far in excess of those of a decade or more ago. The superintendent of the smallest institution which assumes the dignity of the term "hospital" must recast her role and educate her board regarding the minimum essentials of her administrative set-up. No longer is she deemed to be the man-of-all-work, or more aptly, the Jack-of-all-trades, if she is to serve her community so that its best interests are protected. With

her, she has very likely had little choice in the matter. However, it is reasonable to believe that the majority of persons assuming the responsibility of trustees would be receptive to the argument that it is sometimes good business to spend a little money in order to save considerable more, and that it is good economy to provide a trained office worker to perform the routine clerical work which often includes collecting accounts and thus release the hard-pressed superintendent for the job of THINKING. Thinking through to the finish about the institution as a whole renders the hospital far greater service.

The superintendent of the not-so-small hospitals are less easily excused for voluntarily assuming duties nominally the task of subordinate trained workers. How often have unfortunate situations been built up, or *averted*, depending upon whether the superintendent was either "too busy" to see important business callers, busy in remote parts of the building at minor jobs which could ordinarily be accomplished by a lower-salaried housekeeper or clerk, or because the superintendent was present and available in the quiet dignity of her office, fully informed of all routine through proper reports filed daily from the heads of departments, and conversant with matters which would include complaints and also projects beneficial to the hospital?

Creative thinking pays excellent dividends. The superintendent who has learned the art (or job) of thinking, plus the value of properly spaced periods of relaxation and recreation, and who has accepted the principle that sometimes it pays to "spend to save", has succeeded in putting first things first in her job, and accomplished the feat of sacrificing *important* jobs for *more important* utilization of her time.

—A. J. M.



Donations and Purchases—Two Distinct Entities

FROM time to time complaints have reached us that a number of hospitals are making a practice of soliciting donations from hospital suppliers from whom they make purchases. Sometimes the requests are of a general nature, sent out in the form of circular letters, but not infrequently they are specific as to the amount the firm is expected to contribute. Occasionally the purchase of equipment and supplies is made conditional upon a substantial donation or discount.

Hospitals have no moral right to expect contributions from manufacturers and distributors except from those whose plants or sales organizations are located in the community served by the hospital. In this case, a donation to maintenance or capital fund drives is quite in order. But the mere fact that a hospital purchases goods does not justify it in endeavouring to obtain a contribution on this basis only. The taking of a subscription is for a charitable purpose and must be absolutely divorced from the business of operating the hospital.

Hospital business in Canada is extremely competitive; distances for salesmen to cover are often long with resultant high travelling costs, and many firms carry a number of slow accounts which are unprofitable. Were it not for the fact that most supply houses sell to other trades, or professions, as well as in the hospital market, few would

be able to show a fair margin of profit at the end of the year. On these grounds only, a demand for a donation is unfair. But the question of business ethics is also involved. A firm cannot in good faith subsidize the hospital in payment for orders it receives, and the hospital cannot purchase advantageously from a firm which pays it in order to secure its business. One could go further and deprecate the giving out of free samples which ultimately increase costs to the hospital.

On due reflection, the hospital administrator must appreciate that in order to maintain the prestige of his hospital, he must remain scrupulously ethical in his dealings with business firms, as well as with patients and the public generally. It is a disadvantage to become obligated to any supplier by establishing a *quid pro quo* of a subscription for an order taken.

We cannot too strongly condemn this pernicious practice, which, fortunately, is not prevalent but occurs frequently enough to deserve condemnation.



Convention Publicity

IT was unfortunate that the press publicity for the greatest hospital convention ever held in Canada should have been so poor. One appreciates the present shortage of space for other than war news and one becomes accustomed to occasional inaccuracies and misquotations, but the general effect of the publicity given was that the associations assembled were flaying the voluntary hospital, its workers, its business procedures and its niggardly payroll. Undoubtedly, a good deal of the publicity did more harm than good.

Much sound and constructive material of public interest was presented. The studied statements of responsible officers and committees were made available, but these were largely omitted in favour of chance comments or minority opinions of individuals. Unfortunately, several statements featured were frank misquotations. As usual, any passing reference to health insurance or state control was given undue prominence. Hospital workers attend conventions to improve their knowledge and correct weaknesses in procedure. Naturally, these weaknesses are debated but headlining fragments of such discussion gives the public an entirely erroneous impression. It is true that the public thrives on criticism but one regrets to conclude that a large section of the press prefers to pander to this trait, rather than endeavour to report the major conclusions drawn or facts reported.

The keynote of the combined conventions was the preservation of the voluntary hospital and an appreciation of its work. Many trustees and administrators, who obtained their impressions from the press rather than by attending the sessions, were led to believe the very reverse. This is unfortunate for the press has such a grand opportunity to foster public interest in these great philanthropic institutions created for the care of the sick. The press has done so much for hospitals in the past that this lapse seemed unusually noticeable. One does express appreciation, however, of one or two very fine editorials and for the pot pourri of fine interviews and convention notes which appeared throughout the week.

Hospital Progress in Peace and War Featured at 1939 Meeting of Canadian Hospital Council

By F. W. C.

WAR preparations and the effect of war upon the status of civilian hospitals was one of the many interesting topics under discussion at the fifth biennial meeting of the Canadian Hospital Council, held September 22nd and 23rd at the Royal York Hotel, Toronto. Delegates from the provincial hospital associations and federal and provincial government representatives gathered for the sessions which were conducted by President Dr. Geo. F. Stephens, and there were approximately one hundred and fifty guests. The deliberations of the Council took the form of a Round Table Conference which facilitated discussion throughout all sessions. Through the kindness of Mr. A. J. Swanson, superintendent, and the Board of Governors of the Toronto Western Hospital, the delegates enjoyed a more informal meeting at the Friday luncheon in the beautiful solarium of the hospital. Here Dr. John Ferguson, of the Board of Governors, an old friend of the hospitals and dean of medical men in Ontario, gave an inspiring message.

Following registration, Dr. George Stephens delivered his presidential address (see leading article), and Dr. Harvey Agnew reviewed the activities of the Council during the past two years in the Secretary-Treasurer's Reports and the Editorial Report. Several matters arising from these reports were considered by the delegates. It was decided to name a representative to the Canadian Intern Board. Continuation of participation in the Joint Committee on Medical Education and Hospital Relationships was authorized. Much discussion took place with respect to radio interference by physiotherapy equipment, and the government was requested to take the hospital viewpoint into consideration in drafting any final regulations urged by the general public. Pointed comment was made also on the disturbance given to hospital patients by the routing of T.C.A. air liners too close to hospital locations.

In the discussion on military preparations in Canada in

their relationship to the hospital it was revealed that already many hospitals have lost considerable personnel—staff doctors, nurses, office and technical staffs, orderlies, etc. The effect upon hospitals of losing an embarrassing number of personnel on short notice was stressed, and gratification was expressed that it would appear that Ottawa is endeavouring to co-operate in not removing too many key people from any one area.

Already hospitals are feeling the effect of higher costs and the difficulty of obtaining certain equipment and replacements. Although it may be necessary for schools of nursing to enlarge their enrollment to provide for the increased demand for nursing personnel, the opinion was expressed that, in view of the large number of unemployed graduate nurses at the present time, hospitals should not be too precipitate in enlarging their schools.

A feature of the program was the presentation of the various Study Committee Reports. These elicited much discussion and the Council voted unanimously to have both reports and transactions printed and distributed freely to the hospital field. This will be done within a few months. Mr. Govan's report on the Committee on Hospital Construction and Equipment gave some very interesting data on the value of insulation and on air-borne infections.

Labour unions elicited discussion, strong opinion being expressed for and against certain personnel relationships. Another question which is a matter of great concern to hospitals, that of the extent to which clinical duties may be assigned to nurses, was freely reviewed. (Resolutions).

Contracts at less than cost came up under the discussion of hospital finance and again it was reiterated that the policy of hospitals should be refusal of contracts of any type for less than cost.

A large portion of the final session of the Council was devoted to the study of the report of the Committee on Accounting, presented by Mr. Percy Ward, with a Sub-Committee Report on the synchronization of Hos-



Mr. B. Evan Parry, Toronto, Dr. A. F. Anderson, Edmonton, Mr. C. C. Gibson, Regina, Mr. J. C. Williams, Moose Jaw, Colonel J. H. Petüclerc, Quebec, Mr. C. A. Edwards, Toronto, got together for a few minutes to compare views.



Two Quebec delegates. Dr. L. A. Lessard, Montreal, of the Quebec Ministry of Health, and Mr. J. H. Roy, of Hôpital St-Luc, a new member of the Executive Committee.

pital Fiscal Years, under the chairmanship of Mr. C. J. Telfer. Much progress was reported and it is hoped that with the ironing out of some of the details brought up in the Council session it will be possible for the arrangements for a uniform system of accounting and of statistical return across Canada to be completed before the next meeting of the Council.

All in all it was a very valuable meeting. While the exigencies of war prevented several delegates from attending at the last moment, the representation was most gratifying and the sessions amply demonstrated the value of this all important national organization.

The election of officers was as follows:

Honorary President: The Honourable Ian Mackenzie, Minister of Pensions and National Health, Ottawa.

Honorary Vice-President: F. W. Routley, M.D., Toronto.

1st Vice-President: Rev. H. G. Wright, Inverness, N.S.

2nd Vice-President: A. K. Haywood, M.D., Vancouver.

Secretary-Treasurer: G. Harvey Agnew, M.D., Toronto.

Executive Committee: A. F. Anderson, M.D., Edmonton; J. H. Roy, Esq., Montreal; R. Fraser Armstrong, B.Sc., Kingston.



Dr. George F. Stephens giving his Presidential Address.

Resolutions

Canadian Hospital Council—1939

I. Policy and Activities

Military Assistance

WHEREAS the Executive Committee of the Canadian Hospital Council has expressed to the Prime Minister and the Minister of Pensions and National Health of Canada, the readiness of the Canadian Hospital Council to co-operate and assist in the present crisis,

THEREFORE, BE IT RESOLVED that this offer as expressed by the Executive Committee in the following terms:

"The Canadian Hospital Council, which represents through the provincial and other hospital associations the hospitals of Canada, desires to express to the Government of Canada its willingness to support the Federal Government in any way possible in this day of crisis. At the forthcoming session of the Canadian Hospital Council in Toronto on September twenty-second and twenty-third one of the principal items for discussion will be the ways and means whereby our hospitals and their personnel can be of most service to the Empire and the cause of freedom."

is hereby affirmed by the Council in session. CARRIED.

Nurses and Intravenous Medication

RESOLVED that in view of the shortage of interns and the increased use in modern medicine of various clinical procedures such as intravenous medication, blood pressure readings, administration of oxygen, etc., it would seem to the Canadian Hospital Council that the

time has now come when certain of the clinical procedures, which could be assigned to non-medical personnel, might be assigned to selected skilled and properly qualified members of the graduate nursing staff, and that the Canadian Hospital Council in meeting assembled desires to affirm the foregoing principle. CARRIED.

Radio Interference

RESOLVED that the Canadian Hospital Council express its desire to co-operate with the Department of Transport in the elimination of radio interference by physiotherapy apparatus but, in view of the necessity of providing patients with the best possible care and the likely increased financial difficulties of our hospitals during the war, the Council requests the Department of Transport to pass only such regulations as will work the least hardship upon the hospitals, their patients and their medical staffs. CARRIED.

Re Joint Committee on Medical Education and Hospital Relationships

In view of the changing conditions of medical practice, and the increasing use of hospitals in the diagnosis and treatment of disease,

BE IT RESOLVED that in the opinion of the Canadian Hospital Council that the time has now arrived when it should be made obligatory for a medical student to spend one full year as graduate or undergraduate intern in a recognized hospital before being permitted by the

licensing body of the province to receive his permanent licence to practise.

FURTHER BE IT RESOLVED that copies of this resolution be forwarded to Licensing bodies in each province. CARRIED.

Corresponding Members of Committees in Provincial and Regional Associations

RESOLVED that the Provincial Associations be requested to consider the desirability of appointing committees which correspond to those of the Canadian Hospital Council, and where such committees are appointed by provincial or regional associations, the chairman of such corresponding committees shall be considered by the Canadian Hospital Council for appointment to the standing committees of the Canadian Hospital Council. CARRIED.

II. Acknowledgements, etc.

Local Committee on Arrangements

RESOLVED that this Council extend its most sincere thanks to the Local Committee on Arrangements for the warmth of the hospitality extended and the generous welcome accorded the delegates. CARRIED.

Toronto Western Hospital

RESOLVED that this Council express hearty thanks to the Board of Governors and to Mr. A. J. Swanson, Superintendent, for the excellent luncheon enjoyed in the handsome solarium of the Toronto Western Hospital; and

THAT a very special expression of appreciation be conveyed to Dr. John Ferguson, Secretary of the Board of Governors, whose esteemed presence and inspired words were deeply cherished. CARRIED.

Royal York Hotel

RESOLVED that this Council extend its most sincere thanks to the Royal York Hotel for the excellent facilities provided and for the high quality of the service arranged by the Management and Staff. CARRIED.

Dr. G. Harvey Agnew and Staff

RESOLVED that this Council extend its most sincere thanks to Dr. G. Harvey Agnew and staff for the guidance and assistance so generously and dependably given to the Council and its members. CARRIED.

American Hospital Association Membership

WHEREAS the American Hospital Association has found it expedient to grant its Canadian Membership a twenty-five per cent reduction of the adopted fees in lieu of certain activities devoted solely to U.S.A. interests, and whereas the Canadian membership is appreciative of this concession,

BE IT RESOLVED that the Council express its appreciation of this special reduction and so notify the American Hospital Association. CARRIED.

The Canadian Hospital

RESOLVED that this Council extend its most sincere

thanks to the Editor, to his staff, to the Editorial Board, to the Publisher, Mr. C. A. Edwards, and to every contributor and advertiser, without whose valuable co-operation the publication of this invaluable journal would be impossible. CARRIED.

Rev. Father Georges Verreault

WHEREAS the President of the Council, Rev. Father Georges Verreault was suddenly called upon to relinquish his office for the purpose of going abroad to devote his services to the noble work of the Oblate Order, thereby depriving this Council of his distinguished chairmanship and sage advice,

THEREFORE BE IT RESOLVED that this Council record its deepest appreciation of the high character of the service rendered the Council by Father Verreault and that the natural disappointment and regret felt by the Council are secondary to its recognition of the important tasks now being undertaken by him, and

BE IT FURTHER RESOLVED that the Council so convey its sentiments to Father Verreault accompanied by its best wishes for his future and his work. CARRIED.

Mr. Leonard Shaw

WHEREAS, the hospital world has suffered a severe blow through the untimely death of Mr. Leonard Shaw, whose activities as Superintendent of the Saskatoon City Hospital, Editor of The Canadian Hospital, and lastly, Assistant Secretary of the American Hospital Association, permitted him to make invaluable contributions to the hospital field, and

WHEREAS, Mr. Leonard Shaw epitomized those qualities of mind and heart which, by their very nature destined him for a brilliant career, and

WHEREAS, Mr. Leonard Shaw not only was known for his outstanding professional accomplishments, but revealed in his private life talents and virtues that bespoke the depth of a noble spirit and which won the strongest affection and regard of fellow-workers, friends and kin,

BE IT RESOLVED, that this Council extend to Mrs. Leonard Shaw, who shared so companionably his every life activity, the profound sympathy and sorrow felt by every member of this Council in her bereavement, for her loss has also left the hospital world bereft of a beloved figure. CARRIED.

International Hospital Association

RESOLVED that the Canadian Hospital Council convey to Dr. Malcolm T. MacEachern, President of the International Hospital Association, its admiration and appreciation of the splendid work which he has, for many years, consistently performed in the interests of hospitals and, particularly at this time, let him know that our members all join with him in the keen disappointment he must feel because an avoidable war has led to the unavoidable cancellation of what we believe would have been the outstanding Convention of the International Hospital Association. CARRIED.

RUTH C. WILSON, *chairman.*

The CANADIAN HOSPITAL

Report of the Editor

In the interval since the last meeting, "The Canadian Hospital" has continued to show steady development. During 1937 the average number of pages was 52½; in 1938 this rose to 56. For the first nine months of this year the average number of pages has been 63. The number of illustrations in the Journal has been considerably increased over the past two years.

The Journal and the whole hospital field in Canada suffered a real loss in March, 1938, when our Editor, Mr. Leonard Shaw of Saskatoon, accepted the position of assistant secretary to the American Hospital Association. That loss became a tragic one some months later when Mr. Shaw passed away from acute myelogenous leukaemia. In his work with the Canadian Hospital Council he revealed a remarkable executive ability combined with a facility of pen and a genius for originality of conception which made him invaluable as Editor of this Journal.

As a temporary expediency, the editorship was assumed by your Secretary, who herewith expresses the hope that the Executive Committee will be able to name a permanent appointee to take over this work. Fortunately, the new member of our office staff, Miss Frances Campbell, has had considerable experience in journalism and has been of tremendous assistance in putting together the various issues.

Cover

Since May, 1938, we have been using a new cover design which combines strength and simplicity and a dignity in keeping with the tone of the journal. After a little experimentation with colours, we came to the conclusion that the adoption of dark green was advisable. A number of improvements have been made also in the type used.

New Features

Several new features have been added. The Round Table Forum has been a regular feature of each issue for the past year and has met with considerable approval. We have maintained also a page entitled "Here and There in the Hospital Field". For this page we have reserved news items of particular interest and frequently have included observations or comments in lighter vein. For such departures from grace we hope that clemency will be extended. Several special numbers have been issued. Book Reviews have been featured more than hitherto.

Shortly after the present editor took over, the regular Canadian Dietetic Association page was discontinued as that thriving young association had reached the point where it could publish its own bulletin. However, arrangements have been effected through the kindness of the Canadian Dietetic Association whereby a dietetic page under the general supervision of Miss Wilma Gear, B.H.Sc., would appear every second month. Owing to illness this arrangement has been somewhat upset these past few months, but it is anticipated that it will be resumed shortly.

French Articles

A number of articles in the French language have been published during this period. Unfortunately there have

not been as many submitted to us as we would have liked. On several occasions we have been very much indebted to Mr. Rene Laporte for translations.

Association News Pages

In each issue there now appears a page devoted to news submitted by the Ontario Hospital Association. It is emphasized that this privilege is open to all associations which are members of the Canadian Hospital Council. Such a page or portion thereof is sold to the hospital association at cost price, thus permitting an association to have a direct means of contact with the hospitals in its area at a lower cost than would be possible by the direct mailing of a local bulletin. Letters were sent some months ago to all hospital associations acquainting them of this arrangement.

Editorial Board

A number of changes in the editorial board have taken place. Miss A. J. MacMaster of the Moncton Hospital succeeded Mr. Leonard Shaw on the editorial board. Mr. Rene Laporte of Notre Dame Hospital, Montreal, succeeded Rev. Father Verreault when the latter resigned to live abroad. Mr. C. I. Flath of the Wellesley Hospital, Toronto, was appointed in the place of the late Mr. Henry A. Rowland of that city.

Three-Column Pages

Just prior to this meeting the Editorial Board and the Publication Committee agreed that the set-up of the journal should be on the basis of a three-column page. After careful study it has seemed apparent that the three-column page is easier to read, permits more flexible arrangement where illustrations are used, and provides no serious difficulties in set-up or in arrangement for advertising. This arrangement will probably be inaugurated in the November issue.

Subscription Basis

A year ago and again this year your Publication Committee and Editorial Board gave serious thought to the question of whether or not the time had arrived when the journal should be put upon a subscription basis. At the present time it is sent to practically all the hospitals in Canada. An annual subscription of one dollar is solicited by the business manager; this is paid by approximately 216 hospitals. However, this voluntary arrangement is not very satisfactory. Your Editorial Board and your Publication Committee are of the general opinion that we would be justified in charging for the Journal. The Journal now contains so much information of general value to the hospitals that it should surely be worth two dollars per year to our hospitals. It is the opinion of these committees also that *additional* copies should be sold to hospitals at a considerable reduction in price so as to encourage multiple subscriptions, thus ensuring that the journal be more widely read by trustees, nurses, doctors and others.

There is no question but that the additional revenue is highly desirable. More illustrations, more art work and

(Continued on page 36)

American Hospital Association Convention in Toronto an Outstanding Success

"WE had a wonderful time!" Hosts and guests repeated that phrase again and again as good-byes were said at the close of the American Hospital Convention, held in Toronto, September 25th-29th. The efforts of the Local Committee on Arrangements, which had overcome unusual difficulties in preparation for the Convention, were well rewarded by the enthusiasm and appreciation of the attending delegates.

The great Automotive Building on the Canadian National Exhibition Grounds provided excellent facilities for the magnificent commercial, educational and architectural displays, and the four huge corner halls, each with a capacity of one thousand persons, afforded ample accommodation for delegates attending the various sessions. The committee found time, moreover, to provide entertainment for the wives of delegates. Several teas were held and both delegates and their wives attended the Wednesday night musicale held in the beautiful Eaton Auditorium where they enjoyed the showing of the film of the visit of Their Majesties, King George VI and Queen Elizabeth.

Nearly one hundred exceedingly interesting and thought provoking papers were presented and discussed at the Association sessions, exclusive of the full programs of the American College of Hospital Administrators, the American Protestant Hospital Association and the National Association of Nurse Anesthetists. Canadian hospital workers were well represented on the program, both as speakers and discussants. The several Round Tables, led by outstanding hospital authorities, afforded unique opportunities for open discussion.

The House of Delegates had a full representation from both countries and much important business was transacted at its three sessions. One of the features of the

opening session was the presentation of a gavel by Dr. George Stephens, President of the Canadian Hospital Council, to Dr. Harvey Agnew, who received it on behalf of the American Hospital Association.

At the brilliant President's session on Monday night Dr. Harvey Agnew spoke to an audience which packed and overflowed the huge Concert Hall of the Royal York. It was at this session that the American Hospital Association Award of Merit was conferred upon Dr. Malcolm T. MacEachern. Other features were the presentation of the National Hospital Day Awards and the presentation of the bust of Florence Nightingale to the American Hospital Association by Dr. Joseph Morrow of Bergen Pines, N.J.

National Hospital Day and the great work of its founder, Matthew O. Foley, were fittingly commemorated in the tree-planting ceremony which took place on the University of Toronto campus. Dr. Henry J. Cody, President, received the tree on behalf of the University of Toronto. From all parts of the continent came the varicoloured earth, which had been brought by the delegates from the different provinces and states to nourish the tree.

The Thursday evening banquet, one of the finest in the history of the Association, was a memorable climax to the meeting. Delegates were honoured by the presence of His Honour, The Lieutenant-Governor, and Mrs. Mathews, who graciously conveyed the official welcome of the province. Perhaps the most thrilling moment of the whole convention was the trooping of the colours by the 48th Highlanders of Canada, who, with bagpipes skirling and drums beating, took both Canadians and Americans by storm. Dr. Fred W. Routley, National Director of the Canadian Red Cross, who gave the Allocution, spoke

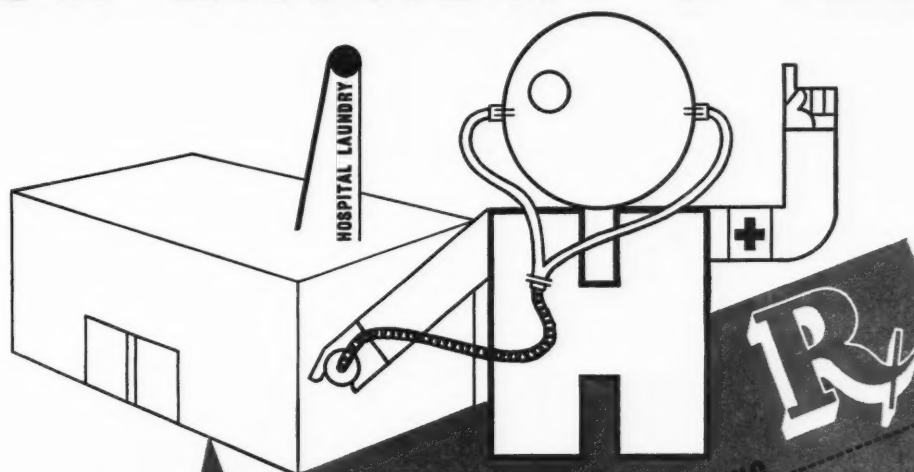
(Continued on page 34)



LEFT: Two of the distinguished guests and three "presidents" snapped at the American Hospital Association Banquet. Left to Right: Dr. G. Harvey Agnew, Immediate Past-President of the A.H.A.; The Honourable Albert Matthews, Lieutenant-Governor of Ontario; Sir Gerald Campbell, High Commissioner for United Kingdom; Dr. Malcolm MacEachern, president of the International Hospital Association, and Dr. Fred G. Carter, President of the American Hospital Association.

RIGHT: Dr. Arnold Emch, Assistant Secretary, and Dr. Bert W. Caldwell, Executive Secretary of the American Hospital Association.

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Here and There in the Hospital Field

By THE EDITOR

Canada on Guard

Apparently our office is ranked as a necessary public utility. We are not certain, however, whether it is classified with the water works, with the sewage disposal, or just as a gas works. At any rate when we emerged the other day from this particular abode of confusion and turmoil, a chubby blue-eyed tike who must have been all of five summers in age, leaped smartly to his feet at the foot of the steps and did an elaborate and, we must add, highly original version of the "Present Arms" with a home-made wooden bow. Not a muscle quivered (no pun) nor did his eyes deviate a hairsbreadth as we thanked this rigid little statue for his valuable services.

* * *

Memorial Halls Honour Canadians

The many friends of the late Henry A. Rowland, who was chairman of the Toronto Committee when the Association last met in that city, and of the late Mr. Leonard Shaw, appreciated very much the action of Dr. Bert W. Caldwell, Executive Secretary of the American Hospital Association, who named two of the most important meeting halls the Rowland Hall and the Shaw Hall.

* * *

It Pays to Please

This summer twin granddaughters of a newspaper columnist in Chicago were born at the Presbyterian Hospital there. The result was that he gave the hospital a particularly fine write-up in his column. Among other things he said:

"The outside of this establishment leaves something to be desired in the way of charm; and even the inside is lacking in the sort of scenery I would pick for a vacation. But there is something about the place, not to be expressed in terms of brick or hardware—an atmosphere; and I don't mean that rich and fruity flavour of ether, disinfectant and aging flowers that greets the nostrils of one who visits a hospital.

"What I am trying to say is that this institution has a soul. It must be the lengthened shadow of some man; and I wonder who he is."

* * *

Hotel-Dieu of Quebec Honoured by Quebec Government

In recognition of the great work of charity carried on by the Hotel-Dieu of Quebec City, a cheque for \$100,000 was presented to the hospital by the Honourable Maurice Duplessis, on behalf of the provincial government, during the recent tercentenary celebrations of the hospital.

Non-Nursing Services to Patients

At an up-and-coming western hospital they made a careful analysis of nurses' calls to patients' rooms in an endeavour to see if ward aids could assume many of the tasks. They found that 37 per cent of private patients' calls were for non-nursing services—raising a window, removing a tray, picking up a magazine, etc. They now have aids. They found also that 30 per cent of the requests required a trip back to the nursing station or elsewhere, even though all rooms were equipped with wash-basins and toilets.

* * *

Sweet Fancy's Flight

The local press, in our various communities, we have always been glad to note, can wax very enthusiastic over hospital news. But all else pales before the effort of the reporter who included the following paragraph in a news item on a recently opened hospital addition.

"In its present form the hospital may be described as something like a manikin in shape. A small wing towards the north is its head, the main building represents the torso, one leg striding forward ends in the Blank wing. The second leg flexed for running is the new surgical wing. The residence of the superintendent appears as an obstacle the first leg has jumped over. The nurses' residence and the residence of the medical staff are as two boulders flying from the flexed second leg. The powerhouse and laundry are the headgear which the wind has caught and separated from the head. The second staff residence in the front of the building is an obstacle the running legs have not yet encountered."

* * *

One Good Turn Deserves Another

The other day we heard about a busy obstetrician who booked a circumcision on one of his new arrivals. He had just congratulated himself on his neat handiwork when the greatly excited nurse returned to tell him that she had brought him the wrong baby! And she was right; she had! Feeling like two cents he called up the other patient's doctor and apologized abjectly over the telephone. "That's all right", he said. "I intended to do that baby to-morrow anyway. I'll borrow your baby in the morning and do it instead". And he did. And two people drew two deep sighs of relief.

* * *

We Regret

Most conventions drawing large groups are attended by a few mishaps. We regret to note that Mr. A. E. A. Hudson of El Paso has been confined to hospital since shortly after his arrival, and it was a matter of regret that the Assistant Secretary, Dr. Arnold Emch of Chicago, had the misfortune to break his ankle just at the conclusion of the convention.

*Pressed
for time*

CHARLES L. STEVENS, M.D.
370 WEST CHURCH ST
ELMIRA, N. Y.

February 6
19 39

Thomas A. Edison
of Canada, Limited,
610 Bay Street,
Toronto, Canada.

Dear Sirs:

A doctor's time is money to him - without time, he cannot adequately care for his patients---without time he cannot make his numerous calls---without time, he cannot carry on the thousand and one daily duties required of him.

I found myself, prior to December, 1938, rushed, records far behind, letters way past due, insurance reports lagging---while I, almost in vain, struggled with this "office routine" at the expense of my patients' health.

SOLUTION? - there must be one - there was one! Your Desk Ediphone.

Very shortly after its installation, my troubles began to vanish. I found myself up-to-date; private records of patients examined today are transcribed and in my file by tomorrow noon; letters are answered mostly by return mail.

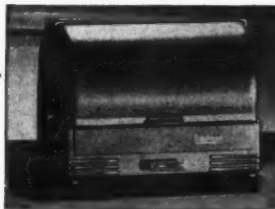
I find myself with at least two hours daily more time to give to my calls and patients, thus being able to render a better service; I also find myself with more free evenings to spend with my wife and children; less confusion and errors at the office; and, really a greater degree of enjoyment of this none too long thing called "life".

Why all of these? Just because of an efficient, beautiful, gadget on my desk that takes the place of my right hand, ready at all hours to save me time in a thousand and one ways - its name - The Desk Ediphone - its inventor - Thomas A. Edison.

Very sincerely,

Charles L. Stevens
Charles L. Stevens, M. D.

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Hospital Administration Course for Nurses in November

A three weeks' course in Hospital Administration for experienced nurses will be given at the School of Nursing, University of Toronto, from November 6th to 25th, 1939. This course has been designed to meet a real need in Canada for intensive instruction in the many phases of administrative work not provided by the ordinary training of the nurse.

The course will include lectures, hospital visits, practical demonstrations and discussions. There will be instruction on personnel management, hospital organization, maintenance, the organization and relationships of the medical and nursing staffs, ethics, purchasing, accounting, legal rulings, food service, heating, laundry, refrigeration, the prevention of infections, housekeeping problems and other subjects.

In addition to the regular staff of the School of Nursing a number of outstanding authorities in hospital administration and in the medical, nursing and business fields have been secured to participate in the instruction. Among these will be:

Malcolm T. MacEachern, M.D., Chicago.

Harvey Agnew, M.D., Dept. of Hospital Service, Canadian Medical Association.

Muriel E. McKee, R.N., Supt., Brantford General Hospital.

Mr. A. J. Swanson, Superintendent, Toronto Western Hospital.

Harriet Meiklejohn, R.N., Supt., Women's College Hospital, Toronto.

F. A. Logan, M.D., Asst. Superintendent, Medical, Toronto General Hospital.

Georgie L. Rowan, R.N., Supervisor, Private Pavilion, Toronto Western Hospital.

Carl I. Flath, Supt., Wellesley Hospital, Toronto.

Visits will be made to a number of the Toronto hospitals where demonstrations and discussions will take place. All in all, the course offers an excellent opportunity for preparation to nurses interested in the rapidly developing field of hospital administration.

Appointments and Resignations

Miss Jennie Hart Sullivan, R.N., superintendent of the Soldiers' Memorial Hospital, Campbellton, New Brunswick, has resigned.

* * *

Rev. Sister Celesta has been appointed superintendent of St. Mary's Hospital, Niagara Falls, to succeed Rev. Sister Florence who has been appointed principal of St. Peter and Paul School in Hamburg, Ontario.

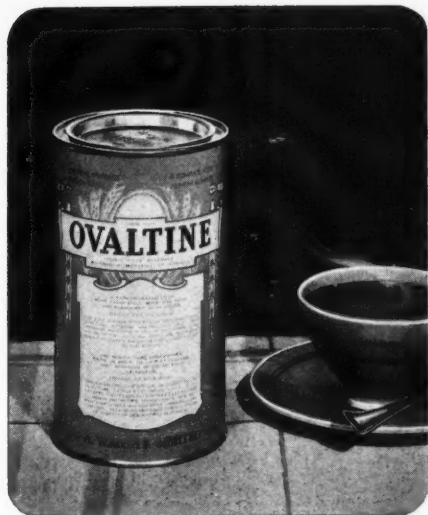
* * *

Miss Pauline Graham, R.N., succeeds Miss Evelyn McGillivray, who was recently married, as matron at New Waterford General Hospital, New Waterford, Nova Scotia.

* * *

Miss Jean Harrison, superintendent of Prince Rupert General Hospital, has resigned.

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Help your patients convalesce by recommending Ovaltine. They will find it appetizing and beneficial.

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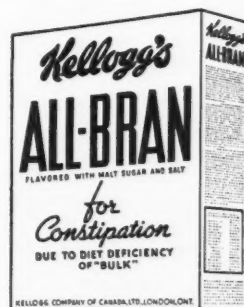
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A. H. A. Convention Outstanding Success

(Continued from page 28)

eloquently of the happy accord between Canada and the United States. Sir Gerald Campbell, K.C.M.G., Ottawa, High Commissioner for the United Kingdom, guest speaker, had chosen as his subject "War on Nerves", and asked that his listeners, as hospital people, should continue the war on nerves and should adopt "Clear Thinking" as their banner device. In conclusion Sir Gerald said: "... I am more than certain that, once the majority of those men and women (who live on their nerves) find that they have got something bigger and better to do, they will bend themselves to the task and prove their true worth. And for their prayer they will choose the words of the Indian poet Tagore:

"Let me not pray to be sheltered from dangers, but to be fearless in facing them. Let me not beg for the stilling of my pain, but for the heart to conquer it. Let me not look for allies in life's battlefield, but to my own strength'."

During the impressive induction ceremony for the incoming president, Dr. Harvey Agnew, retiring president, paid tribute to Dr. Fred G. Carter of Cleveland, in whose hands guidance of Association matters will rest for the coming year, as a man peculiarly worthy of the high honour bestowed upon him by the American Hospital Association.

—F.W.C.

American College of Hospital Administrators Holds Convocation

The American College of Hospital Administrators held its sixth annual meeting at the Royal York Hotel, Toronto, September 23rd and 24th. Certificates were bestowed upon new members and fellows, among whom were several Canadians, at the Sunday afternoon convocation. Dr. Malcolm R. Wallace, principal, University College, University of Toronto, guest speaker at the banquet, chose as his topic, "Education in a Practical World", and Mr. James Hamilton, President for the coming year, delivered his brilliant presidential address during that session. President-Elect for the coming year is Dr. A. C. Bachmeyer of Chicago.

American Protestant Hospital Association Meeting Has Fine Attendance

The annual meeting of the American Protestant Hospital Association was held in conjunction with the American Hospital Association Convention at Toronto, September 22nd, 23rd and 24th. The sessions dealt particularly with the problems which face the Protestant church hospitals to-day. There was a fine attendance at the Saturday evening banquet at which Bishop Francis J. McConnell, New York District of the Methodist Church, gave an inspiring message.

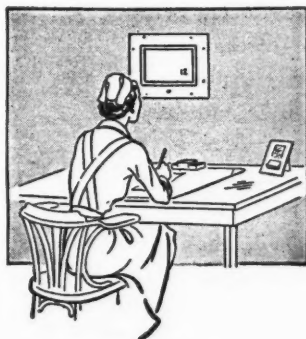
Construction

Construction began on the new Johnson Memorial Hospital at Gimli, Manitoba. The hospital has been designed by Archbishop Sinnott of Winnipeg, and will have accommodation for 25 beds with provision for an additional 12 beds. The Benedictine Sisters will be in charge of the hospital.

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University of Toronto School of Nursing

Extension Course in Hospital Administration

This course will cover a period of three weeks and the general content will include lectures, visits, demonstrations and discussions.

TIME—November 6th-November 25th inclusive.

CONTENT—Discussion of the problems of organization, finance, maintenance, hospital departments, personnel.

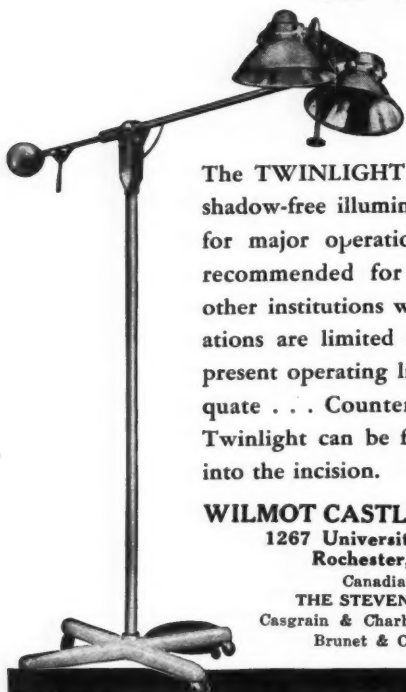
LECTURERS—Dr. Malcolm MacEachern of Chicago; Dr. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association; Miss E. M. McKee, Superintendent of the General Hospital, Brantford; Mr. A. J. Swanson, Superintendent of Toronto Western Hospital; Miss H. Meiklejohn, Superintendent of the Women's College Hospital, Toronto; Dr. Fred Logan, Assistant Superintendent, Medical, Toronto General Hospital; Miss Georgie L. Rowan, Supervisor, Private Pavilion, Toronto Western Hospital; Mr. Carl Flath, Superintendent, Wellesley Hospital; and others.

COURSE FEE—\$25.00.

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Report of the Editor

(Continued from page 27)

other features would add greatly to the reader interest of the journal. This can only be done now in a very limited way because of the lack of funds, and, were we to count in Miss Campbell's salary, or pay more for editorial direction, the journal would be a loss rather than an asset to us.

It would be necessary, of course, for us to consider the advertising, and the business manager has suggested that if the journal be put upon a subscription basis, the application of the new arrangement be made gradually so as not to have any sudden interference with the circulation.

The advent of the war has now introduced other factors which may make us hesitate to launch this change immediately.

Advertising Results

Your Publication Committee desires to urge very strongly that hospital people mention the journal advertising when writing to advertisers. The hospital public has most unusual purchasing power and we know that advertisements in our journal are productive of very tangible returns. Unfortunately, advertisers are not fully conscious of this fact unless mention is made of the advertisements noted when writing to the advertisers.

Your Editorial Board desires to express its keen appreciation of the co-operation of so many who have contributed articles or material for publication. The Editor desires, also, to thank most warmly the members of the Editorial and Publication Committees for their loyal and most co-operative assistance in the many problems that have arisen respecting the set-up and editorial policy of "The Canadian Hospital". To Mr. Edwards, the business manager and publisher, and to the staff of the Fullerton Publishing Company Limited, whose efforts have always been most co-operative, go our most sincere thanks.

All of which is respectfully submitted,

G. Harvey Agnew, M.D., Editor.

"Cold Storage" Treatment

The new "cold storage" treatment which is being used in some centres in the hope of curing cancer gives most of us the shivers, but it holds no terrors for a young exhibition performer, recently in Canada, who makes her living by being "frozen alive" in a cake of ice. She has been performing for the past two years, and on an average, puts in fourteen 12-minute stretches of freezing a day. She says that she knows for a fact that her health has benefited.

* * *

Tuberculosis Death Toll in Canada

Announcement was made at the recent meeting of the Canadian Tuberculosis Association that Canada's tuberculosis death toll was over 6,000.

* * *

Vancouver Hospital Acquires New Equipment

New x-ray equipment costing over \$5,500 has been installed at St. Paul's Hospital, Vancouver.

* * *

Nurses' Home at St. Thomas, Ontario, Opened

The official opening of the newly completed Nurses' Residence of the St. Thomas Memorial Hospital took place on September the 13th.

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Dr. Raymond C. Parker, Native of Nova Scotia, Heads New Squibb Laboratory

It is announced that a Canadian, Dr. Raymond C. Parker, a native of Newport, Nova Scotia, has been appointed to head the new Squibb laboratory for the study of filterable virus diseases which has been established at New Brunswick, New Jersey. Dr. Parker was educated at Acadia University and at Yale. He also studied for two years in Germany as National Research Council Fellow in biology. Returning to America he became Assistant in the division of experimental surgery at the Rockefeller Institute in 1930, and five years later Associate in Collaboration with Dr. Alexis Carrel. His researches have dealt with selection in protozoa and the biology of tissue cells in pure cultures. He is the author of the leading text on "Methods of Tissue Culture".

Executive and Board Changes Announced by Ingram & Bell

At the recent annual meeting of Ingram & Bell, Ltd., Toronto, L. W. Wheeler and C. C. White were elected to fill existing vacancies on the board of directors, which now consists of the following: W. J. Ingram, A. M. Heron, Dr. H. R. Conn, L. W. Wheeler and C. C. White.

The following officers have been appointed by the board: President and general manager, W. J. Ingram; vice-president, A. M. Heron; secretary, C. C. White; treasurer, J. W. Brayshaw; general sales manager, W. J. Edwards.



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Index to Advertisers

American Can Company	10
Baxter Laboratories of Canada, Limited	II Cover
Bland & Co., Limited	9
Canada Starch Co., Limited	37
Canadian Hoffman Machinery Co., Limited	29
Canadian Industrial Alcohol Co., Limited	37
Castle, Wilmot Company	36
Connor, J. H. & Son, Limited	34
Corbett-Cowley, Limited	III Cover
Davis & Geck, Inc.	5
Diack, A. W.	4
Dustbane Products, Limited	38
Eaton, T. Co., Limited	32
Edison, Thos. A. of Canada, Limited	31
General Electric X-Ray Corporation	3
Gumpert, S. Co., of Canada, Limited	IV Cover
Hayhoe, R. B. & Co., Limited	38
Ingram & Bell, Limited	II Cover
Ingram, G. A. Company	38
Johnson & Johnson, Limited	7
Junket Folks Company	32
Kellogg Co., of Canada, Limited	33
MacCallum Manufacturing Company	34
Metal Fabricators Limited	6
Northern Electric Co., Limited	35
Reckitt's (Oversea) Limited	8
Sterling Rubber Co., Limited	37
University of Toronto School of Nursing	35
Victor X-Ray Corp., of Canada, Limited	3
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Wilmot Castle Company	36
Wilson Rubber Company	36
Wood, G. H. & Co., Limited	8

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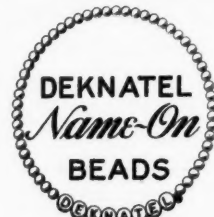
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